DLN: 93493272008256

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A Fort	the 2015 ca	lendar year, or tax year begin	ning 04-01-2015 , and ending 03-31-20	16	_				
	ıf applicable	C Name of organization AMERICAN CIVIL LIBERTIES UNIO	NO		D Employer	D Employer identification number			
— Name	ss change	FOUNDATION INC	13-6213	516					
Initial	_	Doing business as							
Final			if mail is not delivered to street address) Room/s	suite	E Telephone	number			
return/	/terminated	125 BROAD STREET 18TH FLOOR			(212)54	9-2500			
Amend	ded return	City or town, state or province, on NEW YORK, NY 10004	country, and ZIP or foreign postal code		C Cross recou	nto d 160 022 029			
Applica	ation pending	NEW FORK, NT 10004			G Gloss recei	pts \$ 160,923,938			
		F Name and address of p	orincipal officer		:hıs a group ret				
		ANTHONY D ROMERO 125 BROAD STREET 18	TH FLOOR		ordinates? : all subordinat	FYes ▼No es FYes FNo			
		NEW YORK, NY 10004		ınc	luded?				
Tax-e	exempt status	501(c)(3)	¶ (insert no)		No," attach a l oup exemption	st (see instructions)			
Web	site: ► WV	VW ACLU ORG			oup exemption	number P			
 (Form o	of organization	Corporation Trust Associ	ation Other ►	L Year of	formation 1966	M State of legal domicile NY			
Part	_	mary	•			,			
caovemance	•	_	ion or most significant activities OF CIVIL RIGHTS AND CIVIL LIBERTII	ES					
i ankei	2 Check th	nis box 🖊 if the organization	discontinued its operations or disposed	of more than	25% of its net	assets			
	3 Number	of voting members of the gove	erning body (Part VI, line 1a)		. 3	13			
Houmings a	4 Number	of independent voting membei	rs of the governing body (Part VI, line 1b)	4	13			
			ın calendar year 2015 (Part V, line 2a)						
- 1		·	fnecessary)						
- 1			Part VIII, column (C), line 12 from Form 990-T, line 34						
+			<u> </u>		ior Year	Current Year			
	8 Contr	butions and grants (Part VIII	, line 1h)		79,581,425	89,472,041			
enuevenue 10	9 Progra	am service revenue (Part VIII	, line 2g)		3,842,201	5,422,660			
\$ 2 10		tment income (Part VIII, colu	9,226,610	·					
*		, , , , , , , , , , , , , , , , , , , ,	A), lines 5 , 6d , 8 c , 9 c , 10 c , and 11 e) 11 (must equal Part VIII , column (A), lii	ne	1,397,689				
1	12)	revenue—aud inles o tillough	II (must equal r art vIII, column (A), m		94,047,925	95,262,843			
1	.3 Grants	s and sımılar amounts paıd (P		6,862,640	4,802,314				
		·	rt IX, column (A), line 4)		С	0			
§ 1	. 5 Saları 5−10	es, other compensation, empl)	37,912,351	. 36,043,236					
전 88 1	. 6a Profe	ssional fundraising fees (Part		272,174	264,514				
ਡੌ	b Total fu	undraising expenses (Part IX, column	(D), line 25) • 7,293,913						
1			(x), lines 11a-11d, 11f-24e)		40,631,178				
1		expenses Add lines 13-17 (85,678,343					
	.9 Rever	iue iess expenses Subtract II	ne 18 from line 12		8,369,582				
Engles 2 2 2 2	_				of Current Year				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 2 3 2					327,600,267 85,866,394				
## 2		ssets or fund balances Subtra	241,733,873						
Part	III Sign	ature Block	examined this return, including accompa			•			
repare	wledge and rhas any k	belief, it is true, correct, and o nowledge	complete Declaration of preparer (other						
lere		ENCE DOUGHERTY COO/GENERAL Coe or print name and title	OUNSEL/ASST TREAS						
		Print/Type preparer's name	Preparer's signature JAMES SWEENEY		heck if PT:	IN 1263012			
Paid	Ľ				zii ciripioyeu				
Prepa		Firm's name 🕨 RSM US LLP		I F	ım's EIN 🟲 42-07	14325			

NEW YORK, NY 100362602

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ☐ No

Form	990 (2015)	Page 2
Par	t IIII Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission	
AND STATINFF SERV DEFI THE	OTED IN ITS ARTICLES OF INCORPORATION, THE MISSION OF THE ACLU FOUNDATION IS "TO ENCOURAGE, SPONS FACILITATE THE CULTIVATION AND DIFFUSION OF KNOWLEDGE AND UNDERSTANDING OF THE VARIOUS CIVIL LIB CIVIL RIGHTS WHICH ARE PROTECTED BY THE CONSTITUTIONS AND LAWS OF THE UNITED STATES OR OF THE VAR TES TO PERSONS INVOLVED IN ACTIVITIES WHEREIN THEIR CIVIL RIGHTS AND LIBERTIES ARE THREATENED OR KINGED "THE ACLU FOUNDATION TODAY REMAINS FOCUSED ON THE OVERARCHING GOALS SET BY ITS FOUNDERS VING AS THE NATION'S GUARDIAN OF LIBERTY, WORKING DAILY IN COURTS, LEGISLATURES AND COMMUNITIES TO SEND AND PRESERVE THE INDIVIDUAL RIGHTS AND LIBERTIES THAT THE CONSTITUTION AND LAWS OF THE US GUAR ACLU ALSO WORKS TO EXTEND RIGHTS TO SEGMENTS OF THE POPULATION THAT HAVE TRADITIONALLY BEEN DENIGHTS, INCLUDING PEOPLE OF COLOR, WOMEN, LESBIANS, GAY MEN, BISEXUALS AND TRANSGENDER PEOPLE, CONERS, AND PERSONS WITH DISABILITIES DID the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	ERTIES IOUS , ANTEE
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 30,635,146 including grants of \$ 381,386) (Revenue \$ 5,422,660)	
	LITIGATION - THE ACLU FOUNDATION'S LITIGATION PROGRAM IS THE CORNERSTONE OF ITS CIVIL LIBERTIES PROGRAM THE ACLU TODAY IS THE NATION PREEMINENT CIVIL LIBERTIES ORGANIZATION, WITH A STAFF OF ATTORNEYS IN THE NATIONAL OFFICE WORKING IN COLLABORATION WITH ATTORNEYS AFFILIATE OFFICES NATIONWIDE TO ADDRESS CASES INVOLVING A WIDE RANGE OF CIVIL LIBERTIES ISSUES THE ACLU APPEARS BEFORE THE U S SUPR COURT MORE THAN ANY OTHER LEGAL SERVICES ORGANIZATION OR GOVERNMENTAL AGENCY EXCEPT THE U S DEPARTMENT OF JUSTICE	AT
4b	(Code) (Expenses \$ 31,298,070 including grants of \$ 4,420,928) (Revenue \$)	
	AFFILIATE SUPPORT - THE ACLU HAS AN AFFILIATE OR CHAPTER IN EVERY STATE AND IN PUERTO RICO AFFILIATES HANDLE REQUESTS FOR LEGAL ASSIS LOBBY STATE LEGISLATURES AND HOST EDUCATIONAL FORUMS THROUGHOUT THE YEAR THE NATIONAL ACLU COORDINATES FUNDRAISING EFFORTS WI AFFILIATES AND SHARES THE PROCEEDS OF FUNDRAISING EFFORTS WITH AFFILIATES IN ACCORDANCE WITH A DETAILED POLICY THROUGH ITS AFFILIA SUPPORT AND ADVOCACY DEPARTMENT, THE NATIONAL ACLU ALSO PROVIDES GRANTS AND SUPPORT TO AFFILIATES ON SPECIFIC INITIATIVES AND PROJECT HAT HAVE BEEN IDENTIFIED AS INVOLVING MATTERS OF BOTH LOCAL/REGIONAL AND NATIONAL SIGNIFICANCE THE AFFILIATE SUPPORT AND ADVOCACY DEPARTMENT OFFERS TRAINING AND TECHNICAL ASSISTANCE TO AFFILIATES ACROSS THE COUNTRY ON A VARIETY OF TOPICS OF RELEVANCE	TH ITS TE ECTS
4c	(Code) (Expenses \$ 10,079,664 including grants of \$) (Revenue \$ 95,622)	
	EDUCATION - THROUGH NEWSLETTERS, ITS WEBSITE, ADVERTISEMENTS, OP-ED ARTICLES, MEDIA INTERVIEWS, PUBLICATIONS, SOCIAL MEDIA, AND NUI MEETINGS AND WORKSHOPS CONDUCTED IN COLLABORATION WITH ITS AFFILIATES THROUGHOUT THE US, THE ACLU FOUNDATION PROVIDES ONGOING EDUCATION TO THE ACLU'S 500,000 MEMBERS NATIONWIDE AND TO THE PUBLIC AT LARGE WITH RESPECT TO A WIDE RANGE OF CIVIL LIBERTIES ISSUES CONCERNS A CORE COMPONENT OF THE ORGANIZATION'S EDUCATIONAL CAMPAIGNS IS THE EMPHASIS ON KEY RIGHTS, INCLUDING FIRST AMENDMENT TO FREE SPEECH, ASSOCIATION AND ASSEMBLY, THE RIGHT TO EQUAL PROTECTION UNDER THE LAW, THE RIGHT TO DUE PROCESS AND TO FAIR TREAT WHEN THE LOSS OF LIBERTY OR PROPERTY IS AT STAKE, AND THE RIGHT TO PRIVACY AND FREEDOM FROM UNWARRANTED GOVERNMENT INTRUSION I PERSONAL AND PRIVATE AFFAIRS	S AND F RIGHTS FMENT
	See Additional Data	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 940,810 including grants of \$) (Revenue \$)	
4e	Total program service expenses > 72,953,690	

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Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😼	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3		3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🚨	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. **	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 📆	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		N o
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$.	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Check of Schedule O contains a response of note to any line in this Part V		990 (2015)			Page 5
Enter the number reported in 6xx 3 of form 1096 Enter-0- if not applicable 1a 1s 1s 1s 1s 1s 1s 1s	Par				_
be that the number of froms W-2G included in line 1a Enter-0-rinocapplicable 10 10 10 10 10 10 10 1		eneck if Schedule o contains a response of note to any line in this fart v		Yes	No No
Description of the organization comply with backgos withholding rules for reportable payments to verdous and reportable gamen of gramming dynaming or many warmans? 2 Enter the number of employees reported an Form W-3, (consentated of Wappe and Tax Satistamens), filed for the calcular year entiring with or within the space covered by this return. 2 If 14 least one is reported on line 12, ad the organization file all recurred federal employment tax returns? Note (If the sum of lines 1 and 2 as greater than 250, you may be required to delic (see instructions). 3 If 16 least one is reported on line 2a, ad the organization file all recurred federal employment tax returns? Note (If the sum of lines 1 and 2 as greater than 250, you may be required to delic (see instructions). 3 If 16 least one is reported on line 2a, ad the organization file all recurred federal employment tax returns? 3 In 16 least one is reported on line 2a, ad the organization file all recurred to delic (see instructions). 3 In 16 least one is the state of the file of the state of th	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 168			
pammag (garmhing) warnings to prize wanners? 2 Enter the runber of employees reported on Form W-3. Transmittel of Wage and Tax Statements, filed for the calendar year ending with or within the year covered 2a 3 End the summary of employees reported on Form W-3. Transmittel of Wage and Tax Statements, filed for the calendar year ending with or within the year covered 2a 3 End the least one is reported on line 2 a, did the organization file all required feel ending the year? 3 Did the organization but of Insel 1 and 2 is greater than 250, you may be required to entile (see instructions) 3 Did the organization in the 1 and 2 is greater than 250, you may be required to entile (see instructions) 4 A ray time during the calendar year, did the organization and state of the year of Foreign Bank and Financial Accounts (PBA) 5 Prives, have the fame of the foreign country be seen an interest in, or a signature or other authority over, a financial account in organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 West the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxeble party withly the organization file from 888-17. 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization noticed with every solicitation an excress stetement that such contributions or gifts were in that we diductible or combutions under section 1709. 5 If Yes, 1 did the organization receive a payment in excess of \$73 made partly as a contribution and partly for goods and services provided to the organization notify the done or the value of the goods are envires provided to the apart of the companization receive a payment in excess of \$73 made partly as a contribution of least promises and the organization receive any funds, directly or indirectly, to pay premium on a personal benefit contract? 6 Did the organization receive a payment in excess of \$73 made partly as a contribution of lea	b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b			
22 Enter the number of employees reported on form W-3. Transmittal of Wage and Tax Statements, field of the calendary sper anding with or within the year covered by this return. 36.4 If a season size is reported on line 23, did the organization file all required federal employment tax returns? Notal (The sum of lines 16 and 24 is present 250, you may be required to e-file (see instructions) 36. Did the organization have unerted business gross income of \$1,000 or more dumple they see? 36. No. 37. Did they are summed to the seed of the frequency of the organization and another than the seed of the frequency are, did the organization and another seed of the return when your, a frame of the frequency are, did the organization and the seed of the seed	c		1c	Yes	
b. If at least one is reported on line 2 a. did the organization file all required faderal smolloyment tax returns? Noteal file is up of files 1 and 12 all sing greater than 250, you may be recurred to 4 file (see instructions) 30. Did the organization have unrelated histories spress income of \$1,000 or more during the year? 31. A starty ware during the calendary year, did the organization have an interest in, or a signature or other authority account? 43. A starty ware during the calendary year, did the organization have an interest in, or a signature or other authority account? 52. B start is near the name of the foreign country. 53. B start is near the name of the foreign country. 54. B start is not shall be a start in a foreign country. 55. Was the organization a party to a prohibited fax shelter transaction at any time during the tax year? 56. D bid any taxable party notify the organization that it was or is a party to a prohibited fax shelter transaction? 56. C start if year, if on the same shall be organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 56. C start if year, if on the organization in terms 388-17. 57. S start if year, if on the organization in the organization and party for goods and service provided to the payor. 58. No. 1714; S start is such contributions or gifts were not tax deductible? 59. D if the organization makes were not tax deductible as charitable contributions and partly for goods and service provided to the payor. 59. D if the organization makes were not tax designations and partly for goods and service provided to the payor. 59. D if the organization sell-certically with the distribution under section 170(c). 50. Did the organization sell-certically with the distribution in the good of the payor of the self-certically of the organization file and the self-certified to the organi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
38	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Yes	
b. If "Yes," has it filled a Form 990-T for this year?? We have a plane and production on Schedule O A tarmy time during the calendary even, did the organization have an intenset, in or a supporture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). If "Yes," intense of this foreign country is Sea instructions for filing requirements for FinCER Form 114, Report of Foreign Bank and Financial Accounts ("Fis.87). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C If "Yes," it of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible. If If Yes," and the organization have expended to the subject of the grifts of the grifts of ta	За		3a		No
4. A Lary time during the calendary year, did the organization have an interest in, or a signature or other nauthority over, a financial account in a foreign country (such as a bank account, secundes account, or other financial account in a foreign country (such as a bank account, secundes account, or other financial accounts (FBAR). 5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5. No 6. Did any taxable party notify the organization file it was or is a party to a prohibited tax shelter transaction? 5. No 6. If I''es, 'to line 5 ard 5b, did the organization file form 8889-17? 6. Operation shall navy exercive deductible contributions under section 170(c). 6. Did the organization tective at payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7. Organization shall exercive deductible contributions under section 170(c). 8. Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7. No 7. Organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7. No 7. No 7. No 7. Organization may the year, pay premiums, directly or indirectly, on a personal benefit contract? 7. No 7. No 7. No 7. Organization may the year, pay premiums, directly or indirectly, on a personal benefit contract? 7. No 7. No 7. Organizations and payor and payor and payor and payor and payor and payor and payo			\vdash		110
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In which the organization is licensed to issue qualified health plans	а		13a		
14a Did the organization receive any payments for indoor tanning services during the tax year?	b	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	C	Enter the amount of reserves on hand			
			\vdash		No
Form 990 (2015)	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Part VI	Governance.	Management,	and	Disclosu
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For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					<u> ~ </u>
Se	ction A. Governing Body and Management			-	1	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	erto	elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not			eveni	ie Cod	'e.)
			,		Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b	Yes	
.1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done			12c	Yes	
.3	Did the organization have a written whistleblower policy?			13	Yes	
.4	Did the organization have a written document retention and destruction policy? .			14	Yes	
5	Did the process for determining compensation of the following persons include a rev					

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

Other officers or key employees of the organization

AK , AR , CA , CO , CT , FL , GA , HI , IL , KS , KY , LA , MA , MD , ME , MI , MN , MO , MS , NC , ND , NH , NJ , NM , NV , NY , OH , OK , OR , PA , RI , SC , TN , UT , WA , WI , WV

15a

15b

16a

Yes

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

a The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

- 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►TERENCE DOUGHERTY 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004 (212) 549-2500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)			(C)				(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	more t	tion (han (on is	(do r one l both ector	box, an d	heck unless officer stee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
						<u> </u>				Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o n is	one l both	an d	officer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		α·	S 0 0			B				
						2				
See Additional Data Table										
1b Sub-Total			<u> </u>			<u> </u>			<u> </u>	
c Total from continuation sheet	s to Part VII, S	ection A	٠.	•	•	. 🕨				
d Total (add lines 1b and 1c) .						Þ		2,429,884	1,718,312	743,154
2 Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	no received more th	an	

			Yes	N
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		N

3	Yes	
4	Yes	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
WEBER SHANDWICK	MEDIA STRATEGY	834,342
733 10TH STREET NW WASHINGTON, DC 20001		
BLACKBAUD INC	DONOR DATABASE	749,823
PO BOX 930256 ATLANTA, GA 31193		
MEREDITH CORPORATION	MAGAZINE PRODUCTION	723,605
PO BOX 731066 DALLAS, TX 75373		
CONTROL GROUP	IT SERVICES	347,760
233 BROADWAY 21ST FLOOR NEW YORK, NY 10279		
ADVOMATIC LLC	WEBSITE SERVICES	313,138
30 VESEY STREET SUITE 900 NEW YORK, NY 10007		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 24

Part V	100	Statement of		aca ar nata ta any lu	no in this Dort VIII			
		Check if Schedu	ile O contains a respoi	ise of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated camp	oaigns 1a	332,970				
ons, Gifts, Grants Similar Amounts	ь	Membership du	es					
6ra mo	С	Fundraising eve						
īs, r A	d	Related organiz						
Gii ila		Government grants						
Contributions, Giffs, and Other Similar A	е	-	,					
er.	f	All other contribution similar amounts no	ons, gifts, grants, and 1f t included above	89,139,071				
ള	g	Noncash contribution	ons included in lines	2,683,463				
Contributic and Other	h	Total. Add lines	: 1a-1f		89,472,041			
O B				• • • • • • • • • •	, ,			
Пе	2a	LEGAL EXP AWARDE	ED NET	Business Code 541100	5,422,660	5,422,660		
Program Serwce Revenue	b	ELGAL EXI AWARDE		341100	3,422,000	3,422,000		
ው ሚ	c							
rwc	d							
38	e							
Iran	f	All other progra	m service revenue					
Š	_	Tatal Add lines	. 2 . 24		F 422 660			
	g 3		s 2a-2f		5,422,660			
		and other simila	aramounts)	•	5,032,838			5,032,838
	4		tment of tax-exempt bond	proceeds 🕨				
	5	Royalties	/:\ D I	(v) Danaanal				
	6a	Gross rents	(ı) Real 1,131,082	(II) Personal				
		lass mantal	0					
	b	Less rental expenses						
	С	Rental income or (loss)	1,131,082					
	d	Net rental incor	me or (loss)		1,131,082			1,131,082
		Gross amount	(ı) Securities	(II) Other				
	7a	from sales of assets other than inventory	59,769,695					
	b	Less cost or other basis and	65,661,095					
		sales expenses	-5,891,400					
	c d	Gain or (loss)	s)	<u> </u>	-5,891,400			-5,891,400
ά	8a	Gross income fr		p	0,002,100			2,002,100
Other Revenue		events (not incl						
ᇤ		See Part IV, lin						
ŧ	ь	Less direct exi	penses b					
_	c		loss) from fundraising	events 🛌				
	9a	Gross income fr See Part IV, lin						
	ь	less direct ave	a penses b					
		· ·	loss) from gaming acti	l vities 				
		Gross sales of i	nventory, less	-				
		returns and allo						
	ь	less costofas	a bods sold b					
			loss) from sales of inv	lentory ▶				
		Miscellaneous		Business Code				
	11a	PAMPHLET AN	D BOOK SALES	511120	83,746	83,746		
	b	OTHER INCOM	1E	900099	11,876	11,876		
	С							
	d	All other revenu						
	е	Total. Add lines	11a-11d	🕨	95,622			
	12	Total revenue.	See Instructions .	· · · · •	95,262,843	5,518,282	0	272,520

	Statement of Functional Expenses	A.II			
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns			plete column (A)	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX T	 (B)	(C)	· · · · · ·
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,792,314	4,792,314		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	10,000	10,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,401,540	1,621,656	457,331	322,553
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	25,058,280	20,518,559	1,214,653	3,325,068
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,076,563	2,383,618	329,765	363,180
9	Other employee benefits	3,552,191	2,759,377	385,574	407,240
10	Payroll taxes	1,954,662	1,514,984	215,899	223,779
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
а	Management				
b	Legal	188,302	58,591	70,148	59,563
c	Accounting	168,903		168,903	· · · · · · · · · · · · · · · · · · ·
d	Lobbying	·			
e	Professional fundraising services See Part IV, line 17	264,514			264,514
f	Investment management fees	697,561	519,982	84,697	92,882
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,457,097	4,883,697	207,068	366,332
12	Advertising and promotion	175,597	168,821	339	6,437
13	Office expenses	1,138,365	784,090	35,498	318,777
14	Information technology	1,686,897	1,256,600	83,666	346,631
15	Royalties				
16	Occupancy	2,333,507	2,078,374	84,762	170,371
17	Travel	1,863,526	1,526,720	119,499	217,307
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	437,196	372,339	25,628	39,229
20	Interest	91,616	78,352	3,869	9,395
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,025,114	3,554,327	134,075	336,712
23	Insurance	190,642	176,370	4,656	9,616
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SHARED PORTION - CONTR	13,335,930	13,335,930		
b	SPECIAL AFFILIATE SUBSI	5,298,817	5,298,817		
c	SHARED PORTION - BEQUES	3,664,216	3,664,216		
d	OTHER EXPENSES	1,372,441	849,151	360,551	162,739
e	All other expenses	1,021,851	746,805	23,458	251,588
25	Total functional expenses. Add lines 1 through 24e	84,257,642	72,953,690	4,010,039	7,293,913
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here F if following SOP 98-2 (ASC 958-720)		. ,		

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 8.315.038 21,059,344 Cash-non-interest-bearing 1 2 Savings and temporary cash investments . . 6,671,146 2 4,143,262 23,921,540 39,142,992 3 3 Pledges and grants receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 Inventories for sale or use 9 167,344 9 192,354 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 63,038,146 Complete Part VI of Schedule D 10a 10b 33,790,820 28.738.908 10c 29,247,326 b Less accumulated depreciation . 252,411,671 240,314,866 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 7.374.620 7.582.023 15 15 Other assets See Part IV, line 11 327,600,267 16 341,682,167 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . 3.640.525 **17** 3.698.663 **17** Accounts payable and accrued expenses . . 18 18 Grants payable 19 19 14,735,000 20 Tax-exempt bond liabilities 20 14,220,000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 67,490,869 25 78,114,717 85.866.394 96.033.380 26 26 **Total liabilities.**Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 142,427,163 137,069,113 27 Unrestricted net assets 28 57,024,188 28 62,118,802 Temporarily restricted net assets 42.282.522 46,460,872 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶

and complete lines 30 through 34. Net Assets or 30 30 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 241,733,873 245,648,787 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 327.600.267 34 341,682,167

_	990 (2013)				Page 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		95,	262,843
2	Total expenses (must equal Part IX, column (A), line 25)	2		84,	257,642
3	Revenue less expenses Subtract line 2 from line 1	3		11,0	005,201
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		241,	733,873
5	Net unrealized gains (losses) on investments	5			 489,301
6	Donated services and use of facilities	6		- /	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1.6	600,986
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			648,787
Par	t XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 13-6213516

Name: AMERICAN CIVIL LIBERTIES UNION

FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 940,810 including grants of \$) (Revenue \$)
LEGISLATIVE ADVOCACY - THE ACLU SEEKS TO IMPACT CIVIL LIBERTIES THROUGH WORK ON LEGISLATION AT THE FEDERAL
AND STATE LEVEL, AS APPROPRIATE THE ORGANIZATION'S LEGISLATIVE ADVOCATES ARE A CONSTANT PRESENCE ON
FEDERAL AND STATE CIVIL LIBERTIES LEGISLATIVE ISSUES UPDATES ON KEY LEGISLATIVE ISSUES IMPACTING CIVIL
LIBERTIES ARE INCLUDED IN MAIL, EMAIL, AND OTHER COMMUNICATIONS TO ACLU MEMBERS NATIONWIDE, AS WELL AS IN
PUBLIC EDUCATION CAMPAIGNS IN ADDITION, THE ACLU DEVELOPS POLICY RELATING TO POSITIONS ON CIVIL LIBERTIES
ISSUES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Ind		ntracto				·	-	 I	l	l I
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more to perso and a	tion (d han o n is b	ne b	ox, u an o	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ANGELOS CLAUDIA DIRECTOR	2 50	х						0	0	0
BUITRAGO LUZ	2 50 2 50						<u> </u>			
DIRECTOR		x						0	0	0
CHEN RONALD	3 00 2 50						 			
DIRECTOR	3 00	X						0	0	0
CHESTER ROBERT	3 00									
DIRECTOR	5 00	X						0	0	0
GOODWIN MICHELE	2 50									
DIRECTOR	2 50	X						0	0	0
HASAN REHAN THRU 102015	2 50									
DIRECTOR	3 00	×						0	0	0
HERMAN SUSAN	5 00							_	_	_
DIRECTOR/PRESIDENT	5 50	×		X				0	0	0
HERRON AUNDRE	3 00									
DIRECTOR	3 00	X						0	0	0
KASSAM-REMTULLA ALY	2 50	V						0	0	0
DIRECTOR	3 50	X						Ů	0	0
LEWIS M CALIEN	2 50	x						0	0	0
DIRECTOR	5 00	_ ^						Ů	0	0
LITMAN ROSLYN	2 50	×		×				0	0	0
DIRECTOR/GENERAL COUNSEL	6 50	^_						Ů		
MAHONEYCARLOS	2 50	l x						0	0	0
DIRECTOR	3 00									
REMAR ROBERT	3 00	×		x				0	0	0
DIRECTOR/VICE PRES/TREASURER/SEC	7 50						<u> </u>			
TYLER RONALD	2 50	x		x				0	0	0
DIRECTOR/GENERAL COUNSEL	3 00									
WILLIAMS GARY THRU 12016	2 50	×		x				0	0	0
DIRECTOR/VICE PRESIDENT	2 50 2 50						<u> </u>			
GREENWOOD SCOTT				х				0	0	0
GENERAL COUNSEL	3 00 26 00									
ANTHONY D ROMERO				х				0	483,127	39,981
EXECUTIVE DIRECTOR/CEO TERENCE DOUGHTRY	14 00 26 00									
COO/GENERAL COUNSEL/ASST TREAS				х				0	363,770	42,140
DOROTHY M EHRLICH	14 00 26 00						 			
DEPUTY EXEC DIRECTOR/ASST SECRETARY	14 00			х				0	408,076	95,201
MARK WIER	34 00				х			294,768	0	34,659
CHIEF DEVELOPMENT OFFICER	6 00				^			294,700	0	34,039
GERI ROZANSKI	26 00				x			319,614	0	80,464
DIR AFFILIATE SUPPORT & ADVOCACY	14 00				_^			319,014	0	80,404
STEVEN SHAPIRO	40 00				x			362,228	0	80,345
LEGAL DIRECTOR	0 00							302,220	3	00,343
EMILY TYNES	26 00				X			334,045	0	97,072
DIRECTOR OF COMMUNICATIONS	14 00				<u> </u>		_	22.,013		3.,0,2
MATTHEW COLES	40 00					x		242,067	0	76,822
LEGAL DIRECTOR/CTR EQUALITY	0 00						<u> </u>			
LOUISE MELLING	40 00					x		232,342	0	40,205
LEGAL DIRECTOR/CTR LIBERTY	0 00							,		<u>.</u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Positi more the personal Individual trustice or director	ion (nan o n is b	ne becoth a	ox, u an of	inless ficer tee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JAMEEL JAFFER LEGAL DIRECTOR/CTR DEMOCRACY	40 00					×		225,364	0	32,492
DENNIS PARKER DIRECTOR, RACIAL JUSTICE PROJECT	40 00					х		214,839	0	64,251
JUDY RABINOWITZ DEPUTY DIRECTOR IMMIGRANTS' RIGHTS	40 00					х		204,617	0	54,173
ALMA MONTCLAIR FORMER DIR OF ADMIN & FIN/ASST TR	5 00						х	0	172,500	0
LAURA W MURPHY FORMER DIR WASHINGTON LEGIS OFFICE	26 00 14 00						х	0	290,839	5,349

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As Filed Data -

DLN: 93493272008256

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 13-6213516 Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 58,074,573 52,043,425 55,588,295 78,890,183 89,472,041 334,068,517 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 58,074,573 52,043,425 55,588,295 78,890,183 89,472,041 334,068,517 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly 17,196,210 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 316,872,307 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 78,890,183 Amounts from line 4 58,074,573 52,043,425 55,588,295 89,472,041 334,068,517 Gross income from interest, dividends, payments received 7,350,890 7,325,387 7,701,986 7,082,198 6,163,920 35,624,381 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or 34,985 34,985 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 48,706 99,900 97,210 25,443 95,622 366,881 capital assets (Explain in Part VI) 11 Total support. Add lines 7 370,094,764 through 10 Gross receipts from related activities, etc (see instructions) 12 12 39,019,446 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 85 620 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 84 910 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **▶**▽ 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	··		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
4 a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER	ROYALTY OTHER MISC INCOME
INCOME	

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493272008256

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC. 13-6213516 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check I	▶ □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

		ying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	180,294		
b	Total lobbying expenditures to influence a legis	789,978		
c	Total lobbying expenditures (add lines 1a and 1	b)	970,272	
d	Other exempt purpose expenditures	83,793,848		
e	Total exempt purpose expenditures (add lines 1	84,764,120		
f	Lobbying nontaxable amount Enter the amount	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, en	ter -0-	0	
i	Subtract line 1f from line 1c If zero or less, ent	er -0-	o	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000	
_c	Total lobbying expenditures	781,896	643,087	938,272	970,272	3,333,527	
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000	
е —	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000	
f_	Grassroots lobbying expenditures	184,787	55,429	, , , , , , , , , , , , , , , , , , ,	180,294	464,390	

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige S
<i></i>	1	(a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01(c)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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DLN: 93493272008256

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

terna	Revenue Service	Information about Schedule D	Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u> . Inspection					
Name of the organization AMERICAN CIVIL LIBERTIES UNION Employe				Employer identif	ication number			
	JNDATION INC	LTES CINTOIN		13-6213516				
Pa			Advised Funds or Other Similar F		ts.			
	Comple	ete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.					
	T - 1 - 1 1 -		(a) Donor advised funds	(b) Funds and o	ther accounts			
L	l otal numbe	er at end of year						
2	Aggregate v year)	alue of contributions to (during						
3	Aggregate v	alue of grants from (during year)						
1	Aggregate v	alue at end of year						
5			dvisors in writing that the assets held in do he organization's exclusive legal control?	nor advised	┌ Yes ┌ No			
5	used only for c conferring impe	haritable purposes and not for the ermissible private benefit?	and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a	any other purpose	┌ Yes ┌ No			
Pa	rt III Conse	rvation Easements. Comple	te if the organization answered "Yes"	on Form 990, Part	: IV, line 7.			
L	Preservation Protection	conservation easements held by th on of land for public use (e g , recre of natural habitat on of open space	<u> </u>	n historically importa certified historic str				
2		2 a through 2d if the organization he last day of the tax year	neld a qualified conservation contribution in					
_	Total number o	of conservation easements			he End of the Year			
a			nte	2a				
b		restricted by conservation easeme servation easements on a certified		2b				
C			. ,	2c				
d		ure listed in the National Register) acquired after 8/17/06, and not on a	2d				
3	Number of cons	servation easements modified, trai	nsferred, released, extinguished, or terminat	ed by the organization	on during the			
	tax year ►							
ŀ	Number of stat	es where property subject to cons	ervation easement is located ►					
5		nization have a written policy regar enforcement of the conservation e	ding the periodic monitoring, inspection, har asements it holds?	ndling of	Yes No			
5	Staff and volun year	teer hours devoted to monitoring,	nspecting, handling of violations, and enforc	cing conservation ea	sements during the			
	<u> </u>							
7	A mount of experiment	enses incurred in monitoring, inspe 	ecting, handling of violations, and enforcing o	conservation easeme	ents during the year			
3		servation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes No			
•	balance sheet,		s conservation easements in its revenue ar of the footnote to the organization's financia sements					
ar			tions of Art, Historical Treasures,	or Other Simila	r Assets.			
la	If the organizat	tion elected, as permitted under SF storical treasures, or other similar	ed "Yes" on Form 990, Part IV, line 8. AS 116 (ASC 958), not to report in its reveals assets held for public exhibition, education.	, or research in furthe				
b	If the organizat	tion elected, as permitted under SF	note to its financial statements that describe AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	statement and bala				
	service, provid	e the following amounts relating to	these items					
		uded on Form 990, Part VIII, line 1		► \$				
(i		ed ın Form 990, Part X		► \$				
2			istorical treasures, or other similar assets t FAS 116 (ASC 958) relating to these items		vide the			

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Continued)	Collections of A	Art, His	storic	al Tre	easures, o	or Ot	her Similar <i>F</i>	ssets	
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other rec	ords, ch	neck a	ny of th	e following t	hat ar	e a significant u	se of its	
а	Public exhibition		d	Γ	Loan o	r exchange ¡	orogra	ms		
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization Part XIII	's collections and exp	plaın hov	w they	further	the organiz	atıon's	exempt purpos	e in	
5	During the year, did the organization sol assets to be sold to raise funds rather th								s Ги	lo
Par	rt IV Escrow and Custodial Arra		as part t	or the	organiz	ation's cone	CLIOII	, 16.	• , iv	
	Complete if the organization Part X, line 21.		Form	990,	Part IV	/, line 9, oi	repo	orted an amou	nt on Fo	orm 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inter	mediary	for co	ntribut	ions or othe	rasse	ts not / Ye :	s 「N	lo
b	If "Yes," explain the arrangement in P	art XIII and complet	e the fol	lowing	ı table			An	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year					•	1e			
f	Ending balance					ŀ	1f			
2a	Did the organization include an amount of	on Form 990. Part X. I	line 21.	for es	crow or	custodial ac	count	liability? F Ye s	s FN	lo
b Pa	If "Yes," explain the arrangement in Par rt V Endowment Funds. Comple									. г
		(a)Current year	(b)Prio	r year	b (c)Two years ba	ack (c	Three years back	(e)Four	years back
1a	Beginning of year balance	59,907,150	5	57,852,6	576	55,791,	742	53,021,155		53,004,434
b	Contributions	3,352,705		1,343,4	181	196,	160	211,920		1,884,014
C	Net investment earnings, gains, and losses	-3,186,663		2,960,6	585	3,861,	857	4,206,754		-20,724
d	Grants or scholarships									
е	Other expenditures for facilities and programs	2,232,655		2,249,6	592	1,997,	383	1,648,087		1,846,569
f	Administrative expenses									
g	End of year balance	57,840,537	5	59,907,	150	57,852,	676	55,791,742		53,021,155
2	Provide the estimated percentage of the	current year end bala	ance (lın	ie 1g,	column	(a)) held as	•		•	
а	Board designated or quasi-endowment 🕨	-								
b	Permanent endowment - 78 590 %									
c	Temporarily restricted endowment F The percentages on lines 2a, 2b, and 2c	21 410 % should equal 100%								
За	Are there endowment funds not in the po		nization	that a	re held	and adminis	tered	for the		
	organization by	-							Ye	es No
	(i) unrelated organizations							3	a(i)	No
	(ii) related organizations							3	a(ii)	No
	If "Yes" on 3a(II), are the related organiz	·							3b	
4	Describe in Part XIII the intended uses		endowm	ent fu	nds					
Par	rt VI Land, Buildings, and Equip Complete if the organization		Form O	00 D	art IV	lino 115 C	oo Ec	rm 000 Bart	V lino :	10
	Description of property	answered les to	101111 3	90, F		(b)	ee it	Accumulated		Book value
	beschiption of property				ner basıs			(c)depreciation		
1-	Land		- '	(IIIVESU	nent)	,				4 02E 712
	Land		.			4,5	25,713			4,925,713
ט	Buildings					47,1	61,731	27,503,64	18	19,658,083
С	Leasehold improvements		. \square							
d	Equipment		. \square			4,3	91,876	2,892,53	37	1,499,339
e	Other					6.5	58.826	3,394,6	35	3.164.191

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

29,247,326

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11c. _{Se}	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Ves' on	Form 990 Part IV line	11d See Form 990 Part V June 15
(a) Descri		Tomin 990, Parciv, fine	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga			
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value		<u>'</u>
	(=) Dook value		
Federal income taxes			
SPLIT INTEREST LIABILITY	14,259,	287	
DUE TO RELATED PARTY (ACLU - 501(C)(4))	15,041,	529	
BILL OF RIGHTS TRUST HELD FOR AFFILIATES	26,776,	638	
DUE TO AFFILIATES	7,619,	309	
DUE TO THE ACLU - ALLOCATED SHARE OF PENSION LIABILITY	14,417,	954	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	78,114,	717	

84,257,642

	410 5 (101111 550) 2025		r age -
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	93,616,345
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -5,489,301		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-1,485,778
3	Subtract line 2e from line 1	3	95,102,123
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 160,720		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	160,720
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	95,262,843
Part		s per	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	89,701,431
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	5,604,509
3	Subtract line 2e from line 1	3	84,096,922
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 160,720		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	160,720

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

Return Reference	Explanation
PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT FUND IS TO BUILD AN ENDURING ENDOWMENT TO CARRY OUT THE WORK OF THE ACLU AND ITS AFFILIATES IN PROTECTING, PRESERVING AND EXPANDING THE CIVIL LIBERTIES OF ALL PERSONS IN THE UNITED STATES OF AMERICA
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE AND IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME, AS APPLICABLE THE LLC IS TREATED AS A DISREGARDED (TAX) ENTITY THE FOUNDATION FILES TAX AND INFORMATION RETURNS WITH THE INTERNAL REVENUE SERVICE (THE IRS) AND WITH VARIOUS STATES MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADDITIONAL ADJUSTMENT OR DISCLOSURE TO THE ACCOMPANYING FINANCIAL STATEMENTS GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR TAX YEARS BEFORE 2012, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -1,024,006 RECOGNITION OF AFFILIATES SHARE OF PENSION LIABILITY -576,980

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493272008256

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 13-6213516

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- e Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising √ Yes No
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 OMP 1133 19TH ST NW WASHINGTON, DC 20036	TELEMARKETING		No	7,476,003	215,395	7,260,608
2	TELEMARKETING					
DCM INC 330 W 38TH STREET			No	104,925	32,314	72,611
NEW YORK, NY 10018						
DSG LLC 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEMARKETING		No	19,218	16,805	2,413
5						
6						
7						
/						
8						
9						
10						
Total	1		 	7,600,146	264,514	7,335,632

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC,

Pa	rt II Fundraising Events. Complete if the organization fundraising event contribution receipts greater than \$5,000	ns and gross income	Form 990, Part IV, line on Form 990-EZ, line	e 18, or reported mo s 1 and 6b. List ever	re than \$15,000 of nts with gross
		(a)Event #1	(b) Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
<u>Φ</u>					
Revenue	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
	5 Noncash prizes				
မွာ	6 Rent/facility costs				
Expenses	7 Food and beverages				
ᄶ	8 Entertainment				
Drea	9 Other direct expenses				
Ξ	10 Direct expense summary Add lines	4 through 9 ın column (d	1)		
	11 Net income summary Subtract line 1	.0 from line 3, column (d	1)		
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
æ —	1 Gross revenue				
Expenses	2 Cash prizes				
<u>8</u>	3 Noncash prizes				
Direct B	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteerlabor	│ Yes <u>%</u> │ No	│ Yes	│ Yes <u></u> %	
	7 Direct expense summary Add lines	2 through 5 ın column (d	i)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
9 a	Enter the state(s) in which the organiza				□ Yes □ No
b	If "No," explain				
10a	Were any of the organization's gaming l				┌Yes ┌No
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ	201

Page	3
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11	Does the organization conduct gaming	activities with nonmem	bers?	Yes	No
12	Is the organization a grantor, beneficia	ary or trustee of a trust o	or a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		□Yes □	No
13	Indicate the percentage of gaming act	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the per	son who prepares the or	ganızatıon's gamıng/specıal events books	s and records	
	Name ▶				
15a	Does the organization have a contract		hom the organization receives gaming		
	revenue?	men a emia parcy nom v	montaile organization receives gaining	□Yes □	No
h		avanua racaiyad by tha	organization 🕨 \$ a		
	amount of gaming revenue retained by			and the	
_					
	If "Yes," enter name and address of th	e third party			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🕨				
	Gaming manager compensation 🟲 \$				
	Description of services provided				
	Director/officer	 Employee			
	Director/officer	Employee	☐ Independent contractor		
17	Mandatory distributions				
а	•	e law to make charitable	e distributions from the gaming proceeds	to	
	retain the state gaming license?		2 2.	□Yes □	No
ь	• •	red under state law dist	ributed to other exempt organizations or s		
	in the organization's own exempt activ			•	
Pa	rt IV Supplemental Information	on. Provide the explain the first of the contract of the contr	nnations required by Part I, line 2b, as applicable. Also complete this pa		v); and
	Return Reference		Explanation		
		l .	·		

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Schedule I (Form 990)		Gre Gove	ants and Othe ernments and	er Assistance to Individuals in answered "Yes," on For	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	; 9. S 9. 22.	о м м О	2015 2015
Department of the Treasury Internal Revenue Service		▶ Information	about Schedule I (Fo	F Attach to Form 990. orm 990) and its instruc	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	/form990.	5	Open to Public Inspection
Name of the organization	TREPTTES HINTON						Employer identification number	n number
FOUNDATION INC	IDENTIFES ONTON						13-6213516	
Parter Gener	General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organthe selection c2 Describe in Pa	Does the organization maintain records to substantiate the amo the selection criteria used to award the grants or assistance? . Describe in Part IV the organization's procedures for monitoring	cords to substantia d the grants or ass on's procedures for	Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance?	grants or assistance, the grantee of grant funds in the United States	or assistance, the grantees' eligibility for the grants or assistance, and 	or the grants or assist	ance, and	√ Yes
Part III Grants a	and Other Assistanc	ce to Domestic Organ D. 2000 Part II can b	anizations and Dome	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Comthat received more than \$5.000 Part II can be duplicated if additional space is needed	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete of the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient are received more than \$5,000 Part II can be duplicated if additional space is needed	answered "Yes" on Fo	rm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	Idress of on ent	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Addıtıonal Data Table	ta Table							
2 Enter total nur	mber of section 501	(c)(3) and governm	nent organizations lis	Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table .			.	24
3 Enter total nur	Enter total number of other organizations listed in the line $oldsymbol{1}$ table .	zations listed in the	e line 1 table .				*	10
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice, see th	ne Instructions for F	orm 990.		Cat No 50055P		Schedul	Schedule I (Form 990) 2015

Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (f)Description of non-cash assistance MAY BE REQUIRED AND/OR TO ENHANCE FUTURE GRANT PROGRAMS FOR GRANTS TO INDIVIDUALS A SELECTION COMMITTEE OF THREE OUTCOMES TO DETERMINE WHETHER THE GOALS OF A PARTICULAR GRANT AWARD HAVE BEEN MET GRANT AWARDS ARE CONFIRMED IN JPON GOALS WRITTEN AGREEMENTS DETAIL THE SPECIFIC ACTIVITIES FOR WHICH FUNDING IS TO BE PROVIDED AND DOCUMENT THE CHIEVED, AND, IF APPLICABLE, THE INDICATORS THAT THE PARTIES AGREE WILL BE USED TO MEASURE PROGRESS TOWARDS AGREED ERSONS AFFILIATED WITH THE ACLU AND FOUR UNAFFILIATED WITH THE ACLU SHALL CHOOSE THE WINNER OF THE NORMAN DORSEN FFILIATE'S COMMITMENT TO USING THE FUNDS PROVIDED TO PURSUE SPECIFIC STRATEGIES IN ADDRESSING PROGRAM GOALS AND WRITING AND SUPPORTED BY A WRITTEN AGREEMENT THAT SPECIFIES THE PURPOSE OF THE GRANT, THE SPECIFIC OUTCOMES TO BE QUANTITATIVE AND/OR QUALITATIVE REPORTS, AND THESE REPORTS MAY BE USED TO DETERMINE WHETHER ADDITIONAL FUNDING PRESIDENTIAL PRIZE THE SELECTION COMMITTEE RECOMMENDS ONE TO THREE NOMINEES TO THE ACLU FOUNDATION BOARD, AND THE ACLU HAS ESTABLISHED PROCEDURES FOR THE RELEASE OF GRANTS TO ITS AFFILIATES, AS WELL AS FOR MONITORING OF TARGET OUTCOMES AFFILIATES AND OTHER ORGANIZATIONS THAT RECEIVE GRANT AWARDS MAY BE REQUIRED TO PROVIDE **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e)Method of valuation (book, FMV, appraisal, other) non-cash assistance (d)A mount of 10,000 (c)A mount of cash grant (b)Number of recipients Explanation (a)Type of grant or assistance Return Reference PART I, LINE 2 (1) A WA RD

THE BOARD SHALL SELECT THE WINNER FROM ONE OF THOSE RECOMMENDED THE PRIZE IS TO BE GIVEN BIENNIALLY TO A FULL-TIME

ACADEMIC IN ANY DISCIPLINE FOR OUTSTANDING CONTRIBUTIONS TO CIVIL LIBERTIES

Additional Data

Software ID:

Software Version:

EIN: 13-6213516

Name: AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(d) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLUF OF SOUTHERN CALIFORNIA 1313 W 8TH STREET STE 200 LOS ANGELES, CA 90017	95-2673361	501(C)(3)	899,407				AFFILIATE PROGRAM
ACLUF OF MISSOURI 454 WHITTIER STREET ST LOUIS, MO 63108	43-6070952	501(C)(3)	660'598				AFFILIATE PROGRAM
ACLUF OF NEW MEXICO PO BOX 566 ALBUQUERQUE, NM 87103	85-0275276	501(C)(3)	354,229				AFFILIATE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	rt II, Grants and	Other Assistance	to Domestic Orga	Inizations and Do	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(d) Amount of cash cash cash cash series (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLUF OF COLORADO 303 EAST 17TH AVENUE ROOM 350 DENVER, CO 80203	23-7028224	501(C)(3)	350,198				AFFILIATE PROGRAM
AMERICAN CIVIL LIBERTIES UNION INC 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	13-3871360	501(C)(4)	325,000				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLUF OF GEORGIA 1900 THE EXCHANGE ROOM 425 ATLANTA, GA 30339	23-7115937	501(C)(3)	300,008				AFFILIATE PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLUF OF MISSISSIPPI PO BOX 2242 JACKSON, MS 39225	64-0694013	501(C)(3)	288,065				AFFILIATE PROGRAM
ACLUF OF MONTANA PO BOX 1317 HELENA, MT 59624	81-0445339	501(C)(3)	268,290				AFFILIATE PROGRAM
ACLUF OF ARIZONA PO BOX 17148 PHOENIX, AZ 85011	23-7238580	501(C)(3)	264,279				AFFILIATE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	rt II, Grants and	Other Assistance	to Domestic Orga	nizations and Do	mestic Governme	nts.	
(a) Name and address of organization orgovernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLUF OF MICHIGAN 2966 WOODWARD AVENUE DETROIT, MI 48201	23-7243421	501(C)(3)	202,903				A FFILIATE PRO GRAM
ACLUF OF SOUTH CAROLINA 40 CALHOUN ST SUITE 210 CHARLESTON, SC 29401	27-1942832	501(C)(3)	173,000				AFFILIATE PROGRAM
ACLUF OF TENNESSEE PO BOX 120160 NASHVILLE, TN 37212	62-0988329	501(C)(3)	150,946				AFFILIATE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	rt II, Grants and	Other Assistance	to Domestic Orga	inizations and Do	mestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(d) Amount of cash cash cash cash cash series (book, FMV, appraisal, assistance cash cher)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU OF NEW MEXICO PO BOX 566 ALBUQUERQUE, NM 87103	85-0197858	501(C)(4)	110,321				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLUF OF OHIO 4506 CHESTER AVE CLEVELAND, OH 44103	23-7137105	501(C)(3)	100,000				AFFILIATE PROGRAM
ACLU OF ILLINOIS 180 N MICHIGAN AVE SUITE 2300 CHICAGO,IL 60601	27-1629328	501(C)(4)	988'68				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	t II, Grants and	Other Assistance	to Domestic Orga	inizations and Do	omestic Governme	nts.	
(a) Name and address of organization orgovernment	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLUF OF PENNSYLVANIA P O BOX 40008 PHILADELPHIA, PA 19106	23-1742013	501(C)(3)	000'52				AFFILIATE PROGRAM
ACLUF OF VIRGINIA 701 E FRANKLIN STREET ROOM 1412 RICHMOND, VA 23219	52-1283242	501(C)(3)	000'02				AFFILIATE PROGRAM
ACLUF OF TEXAS PO BOX 8306 HOUSTON,TX 77288	76-0343171	501(C)(3)	65,145				AFFILIATE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domes	rt II, Grants and	Other Assistance	to Domestic Orga	inizations and D	tic Organizations and Domestic Governments.	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(d) Amount of cash cash cash cash series (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU OF NORTHERN CALIFORNIA 39 DRUMM STREET SAN FRANCISCO, CA 94111	94-2151925	501(C)(4)	20,000				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLU OF GEORGIA 1900 THE EXCHANGE ROOM 425 ATLANTA,GA 30339	58-0951433	501(C)(4)	000'05				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLUF OF KANSAS 3601 MAIN STREET KANSAS CITY, MO 64111	43-0926406	501(C)(3)	35,000				AFFILIATE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	rt II, Grants and	Other Assistance	to Domestic Orga	Inizations and De	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLUF OF OREGON PO BOX 40585 PORTLAND, OR 97240	23-7048829	501(C)(3)	000'08				AFFILIATE PROGRAM
ACLU OF FLORIDA 4500 BISCAYNE BLVD STE 340 MIAMI, FL 33137	59-0883831	501(C)(4)	30,000				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLUF OF UTAH 355 NORTH 300 WEST SALT LAKE CITY, UT 84103	87-0439810	501(C)(3)	000'08				A FFI LIATE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	t II, Grants and	Other Assistance	to Domestic Orga	inizations and D	omestic Governme	nts.	
(a) Name and address of organization orgovernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU OF WEST VIRGINIA PO BOX 3952 CHARLESTON, WV 25339	23-7095474	501(C)(4)	24,000				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLU OF TEXAS PO BOX 8306 HOUSTON,TX 77288	76-0343140	501(C)(4)	22,046				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLUF OF DELAWARE 100 W 10TH STREET SUITE 603 WILMINGTON, DE 19801	51-0220856	501(C)(3)	000'01				AFFILIATE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	t II, Grants and	Other Assistance	to Domestic Orga	Inizations and De	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLUF OF MARYLAND 3600 CLIPER RD SUITE 350 BALTIMORE, MD 21211	23-7209538	501(C)(3)	10,000				AFFILIATE PROGRAM
ACLU OF MISSOURI 454 WHITTIER STREET ST LOUIS, MO 63108	32-0295491	501(C)(4)	10,000				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
WEST ALABAMA AIDS OUTREACH 2720 6TH STREET TUSCALOOSA,AL 35401	63-0995963	501(C)(3)	005'2				MEDAL OF LIBERTY AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domes	t II, Grants and	Other Assistance	to Domestic Orga	Inizations and Do	tic Organizations and Domestic Governments.	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS,MD 21403	52-6065757	501(C)(3)	7,500				MEDAL OF LIBERTY A WARD
FIRST STOP INC 206 STOKES ST NW HUNTSVILLE,AL 35805	26-1841014	501(C)(3)	7,500				MEDAL OF LIBERTY A WARD
ACLU OF WISCONSIN FOUNDATION INC 207 E BUFFALO ST STE 325 MILWAUKEE, WI 53202	23-7052345	501(C)(3)	000'5				AFFILIATE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	: II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(d) Amount of cash cash cash cash cash sesistance (f) Method of valuation cash cash cash assistance	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU OF UTAH 355 N 300 W SUITE 1 SALT LAKE CITY, UT 84103	27-1307106	501(C)(4)	000'5				AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION

DLN: 93493272008256

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC

Employer identification number

13-6213516 **Questions Regarding Compensation** Part I No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organizations, described in the Part II

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	B reakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(D) Nontaxable (E) Total of columns (F) Compensation in
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Return Reference Explanation
PART I, LINE 1A	GROSS-UP PAYMENTS TO EMPLOYEES WITH DOMESTIC PARTNER COVERAGE THROUGH APRIL 30TH, ALL TREATED AS TAXABLE INCOME
PART I, LINE 4A	ONE INDIVIDUAL RECEIVED SEVERANCE PAYMENTS, THE AMOUNTS ARE REPORTED ON SCHEDULE J DUE TO CONFIDENTIALITY CONCERNS, THE NAME OF THE INDIVIDUAL IS NOT DISCLOSED THE DETAILED INFORMATION IS AVAILABLE TO THE IRS UPON REQUEST
FORM 990, SCHEDULE J	PART II COLUMN B(I) INCLUDES BASE COMPENSATION, COLUMN B(II) INCLUDES BONUS PAYMENTS (THERE WERE NONE IN 2015) AND COLUMN B(II) INCLUDES ALL OTHER REPORTABLE COMPENSATION, INCLUDING ANY "GROSS UPS" FOR DOMESTIC PARTNER HEALTH COLUMN B(III) INCLUDES ALL OTHER REPORTABLE COVERAGE, AND REDUCTIONS TO TAXABLE COMPENSATION RELATED TO PARTICIPATION IN HEALTH OR DEPENDENT SPENDING ACCOUNTS, IF/AS APPLICABLE NEGATIVE NUMBERS IN COLUMN B(III) OCCUR WHEN THE AMOUNTS DEDUCTED FROM REPORTABLE COMPENSATION ARE GREATER THAN THE COSTS OF OTHER TAXABLE BENEFITS REPORTED IN THIS COLUMN COLUMN CINCLUDES EMPLOYER CONTRIBUTIONS TO THE DEFINED BENEFIT PENSION PLAN OR, FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2009, TO THE DEFINED CONTRIBUTION 401(K) PLAN, AND CONTRIBUTIONS, IF ANY, TO THE 457(B) PLAN, THE TOTALS SHOWN REFLECT AMOUNTS EARNED DURING THE YEAR, WHETHER OR NOT THE EMPLOYEE IS FULLY VESTED COLUMN D INCLUDES NON-TAXABLE BENEFITS, SUCH AS HEALTH AND OTHER INSURANCE, AS WELL AS AMOUNTS SET ASIDE BY EMPLOYEES IN THE HEALTH AND/OR DEPENDENT CARE FLEXIBLE SPENDING PLANS, WHICH HAVE BEEN ADDED BACK TO PROVIDE THE FULLEST PICTURE POSSIBLE OF TOTAL COMPENSATION

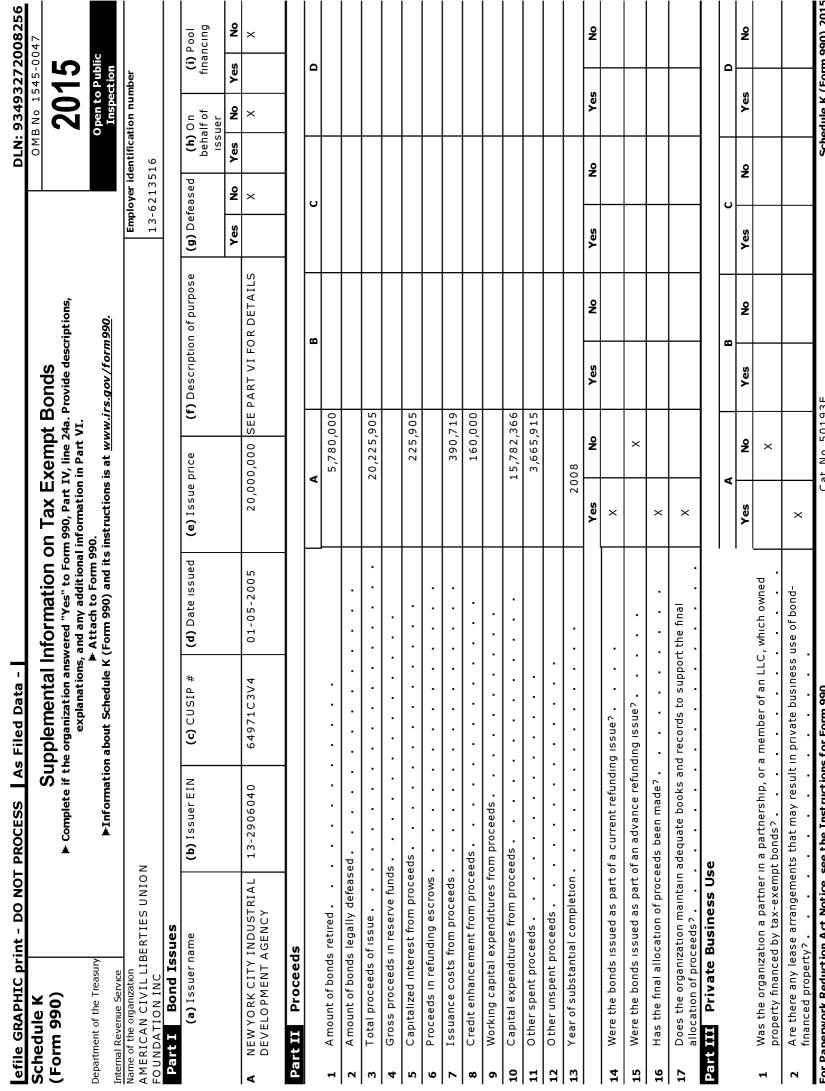
Schedule J (Form 990) 2015

Software ID: **Software Version:**

EIN: 13-6213516

Name: AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
ı <u></u>	,	(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1ANTHONY D ROMERO EXECUTIVE DIRECTOR/CEO	(1)	0	0	0	0	0	0	0
	(11)	- 473,929	0	- 9,198	- 19,527	20,454	523,108	0
1TERENCE DOUGHTRY COO/GENERAL	(1)	0	0	0	0	0	0	0
COUNSEL/ASST TREAS	(11)	- 350,707	- 0	13,063	14,970	27,170	405,910	- - 0
2DOROTHY M EHRLICH DEPUTY EXEC	(1)	0	0	0	0	0	0	0
DIRECTOR/ASST SECRETARY	(11)	398,100	-	9,976			503,277	
3MARK WIER CHIEF DEVELOPMENT	(1)		0	-5,401	12,376	22,283		0
OFFICER	(11)				-			
4GERI ROZANSKI DIR AFFILIATE SUPPORT &	(1)	319,639	0	-25	50,277	30,187	400,078	0
ADVOCACY	(11)	0	0	- 0	- 0	- 0	0	0
5 STEVEN SHAPIRO LEGAL DIRECTOR	(1)	358,080	0	4,148	51,718	28,627	442,573	0
	(11)	0	- 0	- 0		-		- 0
6 EMILY TYNES DIRECTOR OF	(1)	319,639	0	14,406	62,488	34,584	431,117	0
COMMUNICATIONS	(11)	0	- 0	- - 0	- - 0	-	- 0	- - 0
7MATTHEW COLES LEGAL DIRECTOR/CTR	(1)	246,507	0	-4,440	47,641	29,181	318,889	0
EQUALITY	(11)	- 0	- 0	0			0	
8LOUISE MELLING LEGAL DIRECTOR/CTR	(1)	236,057	0	-3,715	24,240	15,965	272,547	0
LIBERTY	(11)	- 0						
9JAMEEL JAFFER LEGAL DIRECTOR/CTR	(1)	225,607	0	-243	11,149	21,343	257,856	0
DEMOCRACY	(11)	- 0						
10DENNIS PARKER DIRECTOR, RACIAL JUSTICE PROJECT	(1)	222,470	0	-7,631	32,202	32,049	279,090	0
	(11)	0	- 0	- 0	- 0	- 0	- 0	- 0
11JUDY RABINOWITZ DEPUTY DIRECTOR IMMIGRANTS' RIGHTS	(1)		0	-3,993	36,855	17,318	258,790	0
	(11)	0	0	- 0	- 0	0	0	0
12ALMA MONTCLAIR FORMER DIR OF ADMIN & FIN/ASST TR	(1)	0	0	0	0	0	0	0
	(11)	172,500	- 0	- 0	- 0	- 0	172,500	- 0
13LAURA W MURPHY FORMER DIR WASHINGTON LEGIS OFFICE	(1)		0	0	0	0	0	0
	(11)	96,089	0	- 194,750	- 2,615	- 2 ,7 34	296,188	0



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	(Continu
	Use
990)2015	Business
(Form 990	Private
Schedule K	Part III

			Yes	N _O	Yes	N _o	Yes	2	Yes	<u>8</u>
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	esn sseusno		×						
b prope	b If "Yes" to line 3a, does the organization routinely engage bond counsel or othe counsel to review any management or service contracts relating to the financed property?	other outside nced								
C	Are there any research agreements that may result in private business use of bond-financed property?	of bond-		×						
P	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	other outside y?								
4	Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government	, entities		% 0						
ī.	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.	s a result of r section		% 0						
9	Total of lines 4 and 5			% 0						
	Does the bond issue meet the private security or payment test?			×						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds w issued?	a ds were		×						
٩	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	disposed of								
v	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-2?	sections								
6	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?.	ualıfied er	×							
Раг	Part IV Arbitrage									
		٨			B		ی		٥	
-	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .	Yes	8 ×	Yes	2	Yes	Ŋ	2	Yes	<u>0</u>
7	If "No" to line 1, did the following apply?						=			
8	Rebate not due yet?		×							
۵	Exception to rebate?		×							
U	No rebate due?	×								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.									
9	Is the bond issue a variable rate issue?	×								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	×								
q	Name of provider	JP MORGAN CHASE	HASE							

500 000000000 %

× ×

Was the hedge terminated?

Was the hedge superintegrated? . . Term of hedge.

P U

Part IV Arbitra	Arbitrage (Continued)	ntinued)								
			A		В		C		D	
			Yes	N _O	Yes	No	Yes	No	Yes	No
5a Were gross proc contract (GIC)?	oceeds Inv	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider .	der		٧٧							
c Term of GIC.										
d Was the regulatory safe hare value of the GIC satisfied?	atory safe IC satisfie	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		×						
6 Were any gross period?	ss proceed	Were any gross proceeds invested beyond an available temporary period?	×							
Has the organization established wthe requirements of section 148?	nzation est nts of sect	Has the organization established written procedures to monitor the requirements of section 148?	×							
Part V Proced	dures Tc	Procedures To Undertake Corrective Action								
			4		8		U		٥	
		- "	Yes	No	Yes	No	Yes	No	Yes	No
Has the organi that violations and corrected self-remediation	nization esi s of federal through th	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	×							
Part VI Supp	plement	Supplemental Information. Provide additional information fo	tion for respo	r responses to questions on Schedule K (see instructions).	stions on Sc	hedule K (s€	e instruction	ns).		
Return Reference	ence	ш	Explanation							
SCHEDULE K SUPPLENTAL INFORMATION	LENTAL	SCHEDULE K, PART I, LINE A, COLUMN F DESCRIPTION OF PURPOSE (1) PAY PORTION OF THE COSTS OF PURCHASING, RENOVATING, AND EQUIPPING THE 19TH FLOOR AND THE COST OF PURCHASING A PROPORTIONAL COMMON INTEREST IN LAND ASSOCIATED WITH THE 17TH, 18TH AND 19TH FLOORS AT 125 BROAD STREET, NY, NY, (2) REFUNDING THE 1997 BONDS, AND (3) COST OF ISSUANCE SCHEDULE K, PART III, LINE 4 FOLLOWING IMPLEMENTATION OF VOLUNTARY CLOSING AGREEMENT WITH IRS EFFECTIVE NOVEMBER 7, 2011 SCHEDULE K, PART IV, LINE 2C CALCULATION DONE OCTOBER 7, 2010 AS OF JANUARY 4, 2010 SCHEDULE K, PART IV, LINE 6 PROCEEDS INVESTED AT BELOW ARBITRAGE YIELD ON BONDS SCHEDULE K, PART IV, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(1)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNDER SECTION 145 OF THE CODE	CRIPTION OF EQUIPPING T TEREST IN LA TEREST IN LA FOLLOWICE OVEMBER 7, 5 JANUARY 4, 5 JANUARY 4, 5 JANUARY 4, 6 ONDS SCHEE (C)(2)(1)(B), T PAYMENT TE! PRATING PER ION HAS NOT TION HAS NOT THE BONDS, A	CON OF PURPOSE (1) PAY PORTION OF THE PING THE 19TH FLOOR AND THE COST OF TIN LAND ASSOCIATED WITH THE 17TH, 18TH IN LAND ASSOCIATED WITH THE 17TH, 18TH (2) REFUNDING THE 1997 BONDS, AND (3) COST OWING IMPLEMENTATION OF VOLUNTARY BER 7, 2011 SCHEDULE K, PART IV, LINE 2 CARY 4, 2010 SCHEDULE K, PART IV, LINE 6 PROCEEDS SCHEDULE K, PART IV, LINE 6 PROCEEDS SCHEDULE K, PART IV, LINE 6 PROCEEDS SCHEDULE K, PART IV, LINE 7 AS PROVIDED I)(B), THE AMOUNT OF PRIVATE PAYMENTS INT TEST MAY NOT EXCEED THE AMOUNT OF SOR BUSINDESS USE ACCORDINGLY, THE AS NOT UNDERTAKEN AN ANALYSIS OF THE OIN PART III, LINE 6 IS NOT IN EXCESS OF CODE	DPAY PORTI TED WITH THE TED WITH THE 1997 BONDS TION DE VO VILE K, PART ART IV, LINE 7 A OF PRIVATE EXCEED THE ACCORDING OT EXCEED THE OF PRIVATE OF PRIVATE OF PRIVATE OF PRIVATE	DSE (1) PAY PORTION OF THE TH FLOOR AND THE COST OF SOCIATED WITH THE 17TH, 18TH GITHE 1997 BONDS, AND (3) COST OF STHE 1997 BONDS, AND (3) COST OF SCHEDULE K, PART IV, LINE 2C SCHEDULE K, PART IV, LINE 6 PROCEDS, PART IV, LINE 6 PROCEDS, PART IV, LINE 7 AS PROVIDED OUNT OF PRIVATE PAYMENTS OUNT OF PRIVATE PAYMENTS OF SOUSE ACCORDINGLY, THE SENOT EXCEED THE AMOUNT OF STAKEN AN ANALYSIS OF THE LEVEL OF PRIVATE BUSINESS US ILINE 6 IS NOT IN EXCESS OF	SST ST SEE			

DLN: 93493272008256

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

2015

Department of the Treasury Internal Revenue Service

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	e of the ord ICAN CIVIL L	ganization IBERTIES UNION						En	nploye	r identi	ification	number	•
	DATION INC								8-621				
Part		ess Benefit Tollete If the orga										40h	
1		e of disqualifie					fied person an			cription		(d) Corr	ected?
					or	ganızatıon			tran	saction		Yes	No
											+		
											-		
	Enter the a 4958 .	mount of tax in	curred by orga	ınızatıon ma	inagers or dis	•	ons during the	-	under	section • \$			
		mount of tax, if	fanv on line 2	above reu	mbursed by th				•	-			
				-	-					· т			
Part		ans to and/				0 57 0+14	l 20 F.		0 D-	-t- T14 1	26 .		
		mplete if the or anization repor					line 38a, or Fo	orm 99	o, Pai	τιν, III	ne 26, 0	r if the	
												_	
	Name of erested	(b) Relationsh with	Purpose of	(d) Loan or from the		(e)Original	(f) Balance due	(g) defa		(h	-	(i)Wri	
	erson	organization		organizatio		principal amount	due	ueia	uit	A ppro		agreem	ient,
		_								comm	ttee?		
				То	From			Yes	No	Yes	No	Yes	No
											1	+	
												1	
											1	+	
Total			<u> </u>										
Part	IIII Gra	nts or Assi		efitina In	terested P	Persons							
		nplete if the					rt IV, line 27						
(a)	Name of i		(b) Relationshi		(c) A mount	ofassistance	e (d) Type	ofassi	stance	e (e)	Purpos	e of ass	ıstance
	perso	n l	nterested pers organıza										
			organiza	cion									
			<u> </u>										

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh o organi reven	f zation':
				Yes	No
(1) GARY D SOWARDS	SPOUSE OF AN OFFICER/KEY EMPLOYEE	218,596	PAYMENT FOR LEGAL SERVICES		No

Return Reference	Explanation
PART IV	DURING FISCAL YEAR 2016 GARY D SOWARDS, THE SPOUSE OF OFFICER/KEY EMPLOYEE, DOROTHY EHRLICH, PROVIDED LEGAL SERVICES IN CONNECTION WITH THE ACLU FOUNDATION'S JOHN ADAMS PROJECT, WHICH HAS ARRANGED FOR THE REPRESENTATION OF AN INDIVIDUAL CHARGED WITH A CAPITAL CRIME A NATIONALLY KNOWN EXPERT IN CAPITAL PUNISHMENT, MR SOWARDS WAS RETAINED VIA A DECISION MAKING PROCESS THAT DID NOT INVOLVE THE OFFICER/KEY EMPLOYEE AND AT RATES THAT ARE CUSTOMARY FOR THE SERVICES PROVIDED

Schedule L (Form 990 or 990-EZ) 2015

► Attach to Form 990.

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

DLN: 93493272008256

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Noncash Contributions

Open to Public Inspection

	ne of the organization RICAN CIVIL LIBERTIES UNION				Employer identificat	ion nu	mber	
	NDATION INC				13-6213516			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	114	2,683,463	SELLING PRICE			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other ► ()							
	Other ► ()							
	Other ► ()							
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29			
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	tion, and which is not requ	ired to be used			
	for exempt purposes for the enti	re holding p	period?			30a		Νο
t	If "Yes," describe the arrangeme							
31	Does the organization have a gif	t acceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	· ·		to solicit, process, or sell	noncash • • •	32a	Yes	
Ŀ	If "Yes," describe in Part II							
33		an amount	in column (c) for a type of	property for which column	(a) is checked,			

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
	THE NUMBER OF CONTRIBUTIONS ABOVE REPRESENTS THE TOTAL NUMBER OF DONORS OF NON-CASH CONTRIBUTIONS DURING THE YEAR
	WE ENGAGE BROKERS, WITH EXPERTISE SELLING PROPERTY CONTRIBUTED TO THE ORGANIZATION, TO FACILITATE SALES OF NONCASH PROPERTY ON OUR BEHALF

Schedule M (Form 990) (2015)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493272008256

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN CIVIL LIBERTIES UNION	
FOUNDATION INC	13-6213516

Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 6	ACLU FOUNDATION IS A MEMBERSHIP ORGANIZATION ITS MEMBERS ARE THE BOARD DIRECTORS OF THE AMERICAN CIVIL LIBERTIES UNION		

Return Reference	Explanation			
FORM 990, PART VI, SECTION A, LINE 7A	ACLU FOUNDATION'S MEMBERS ELECT THE BOARD DIRECTORS OF ACLU FOUNDATION			

Return Reference	Explanation
'	ACLU FOUNDATION'S MEMBERS HAVE THE AUTHORITY TO AMEND ITS BYLAWS, AND UNDER NEW YORK LAW, THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO APPROVE A DECISION BY THE BOARD TO DISSOLVE, MERGE/CONSOLIDATE WITH ANOTHER ORGANIZATION OR DISPOSE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY MANAGEMENT IN CONSULTATION WITH THE ORGANIZATION'S AUDITORS THE ORGANIZATION'S AUDITORS THE ORGANIZATION'S AUDIT COMMITTEE AND ITS TREASURER REVIEWED A DRAFT OF THE 990 AND PROVIDED COMMENTS A COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION DISTRIBUTES ITS CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS TO EVERY KEY EMPLOYEE, OFFICER, BOARD DIRECTOR AND STANDING COMMITTEE MEMBER AND REQUESTS DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST THE CHIEF OPERATING OFFICER/GENERAL COUNSEL/ASSISTANT TREASURER OF THE ORGANIZATION REVIEWS ANY DISCLOSURES MADE DURING THIS ANNUAL REVIEW IF A MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST INVOLVING A BOARD MEMBER, AN OFFICER OR A STANDING COMMITTEE MEMBER, HE REFERS THE MATTER TO THE BOARD PRESIDENT AND APPROPRIATE FOLLOW UP IS UNDERTAKEN AS SET FORTH IN THE POLICY IF A MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST INVOLVING A KEY EMPLOYEE, HE REFERS THE MATTER TO THE EXECUTIVE DIRECTOR OR HIS DESIGNEE AND APPROPRIATE FOLLOW UP IS UNDERTAKEN AS SET FORTH IN THE POLICY BOARD DIRECTORS, OFFICERS, STANDING COMMITTEE MEMBERS AND KEY EMPLOYEES ALSO MAY REPORT TO THE BOARD ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES, AMONG OTHER THINGS, THAT INDIVIDUALS WITH CONFLICTS OF INTEREST WITH RESPECT TO A TRANSACTION OR ACTION MAY NOT PARTICIPATE IN THE DISCUSSION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ON AN ANNUAL BASIS, A COMMITTEE OF THE BOARD OF THE ORGANIZATION ESTABLISHES THE EXECUTIVE DIRECTOR'S COMPENSATION, AND THE AUDIT COMMITTEE APPROVES THE COMPENSATION OF ALL OTHER KEY EMPLOYEES, AS RECOMMENDED BY THE EXECUTIVE DIRECTOR NO MEMBER OF EITHER COMMITTEE HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT EACH COMMITTEE REVIEWS COMPENSATION STUDIES AND COMPARABLE COMPENSATION DATA FOR FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS EACH COMMITTEE CONTEMPORANEOUSLY DOCUMENTS AND RECORDS, IN ITS MINUTES, ITS DELIBERATIONS AND DECISIONS NO ACLU OFFICER RECEIVES COMPENSATION IN HIS/HER CAPACITY AS AN OFFICER

Return Reference	Explanation
PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FORM 990, FOR THE PAST THREE OR MORE YEARS, EXCLUDING SCHEDULE B, IS AVAILABLE ON THE ORGANIZATION'S WEBSITE COPIES OF THE ORGANIZATION'S FORM 990 ARE ALSO AVAILABLE ON THE GUIDESTAR WEBSITE THE ORGANIZATION'S IRS FORM 1023, BY LAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS FOR THE PRIOR THREE OR MORE YEARS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE UPON REQUEST OR THROUGH THE NEW YORK OFFICE OF THE SECRETARY OF STATE

Return Reference	Return Reference Explanation			
A, LINE 1A, COLUMN B	THE NUMBER OF HOURS REPORTED FOR THOSE INDIVIDUALS RECEIVING COMPENSATION IS BASED ON WEEKLY HOURS FOR PAYROLL PURPOSES THE ACTUAL NUMBER OF HOURS WORKED IS CONSIDERABLY HIGHER			

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -1,024,006 RECOGNITION OF AFFILIATES SHARE OF PENSION LIABILITY -576,980

(g) Section 512(b) (13) controlled entity? DLN: 93493272008256 Ŷ No ŝ Schodule P (Form 990) 2015 OMB No 1545-0047 Open to Public Inspection Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Yes 2015 (f)
Direct controlling
entity (f)
Direct controlling
entity Employer identification number N/A ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (e)
Public charity status
(if section 501(c)(3)) 13-6213516 7,766,691 LINE 11D, III-O (e) End-of-year assets Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships (d) Exempt Code section 716,705 (d) Total income 501(C)(4) 501(C)(3) (c)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) $^{\circ}$ Ы 2 SUPPORTING ORGANIZATION REAL ESTATE HOLDING COMPANY (b)
Primary activity PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND LIBERTIES Primary activity or more related tax-exempt organizations during the tax year. efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | ► Attach to Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization (1)AMERICAN CIVIL LIBERTIES UNION INC 125 BROAD STREET 18TH FLOOR Name of the organization AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC (2)RBSO INC 125 BROAD STREET 18TH FLOOR (1) 915 15TH STREET ILC 915 15TH STREET NW WASHINGTON, DC 20005 13-6213516 SCHEDULE R NEW YORK, NY 10004 13-3871360 NEW YORK, NY 10004 04-3730759 (Form 990) Department of the Treasury Internal Revenue Service Part II Part I

Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(K) Percentage ownership					
inal or aging ner?	Ŷ.				
Gene Gene mans part	× ×				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					
(h) oprtionate cations?	ON O				
Dispri	Yes				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) (f) (g) (h) (i) (j) (j) Predominant income (related, unrelated, actions 2 actions 512- 514) Share of sections 2 assets Share of share of share of allocations allocations 2 allocations 2 allocations 2 allocations 2 allocations 2 assets Code V-UBI general or annaging amount in box managing annaging annaging annaging annaging annaging allocations 2 alloca					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) (c) Primary activity Legal domicile (state or foreign country)					
(a) Name, address, and EIN of related organization					

Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

	No				
(i) Section 512 (b)(13) controlled entity?	Yes				
(h) Percentage ownership					
(g) Share of end- of-year assets					
(f) Share of tot: income					
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling T entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Schedule R (Form 990) 2015	<u>a</u>	Page 3	8
Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	s No	0
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	No	ا ه
b Gift, grant, or capital contribution to related organization(s)	1b Yes	s	
c Gift, grant, or capital contribution from related organization(s)	1c	2	
d Loans or loan guarantees to or for related organization(s)	1d	2	
e Loans or loan guarantees by related organization(s)	1e	2	。
f Dividends from related organization(s)	1f	No	
g Sale of assets to related organization(s)	1g	ž	١.
h Purchase of assets from related organization(s)	1h	2	0
i Exchange of assets with related organization(s)	11	2	0
j Lease of facilities, equipment, or other assets to related organization(s)	1.j	2	0
k Lease of facilities, equipment, or other assets from related organization(s)	1k	2	.0
l Performance of services or membership or fundraising solicitations for related organization(s)	11	N _o	.0
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	2	.0
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	s	
o Sharing of paid employees with related organization(s)	10 Yes	s	
p Reimbursement paid to related organization(s) for expenses	1p Yes	s	
q Reimbursement paid by related organization(s) for expenses	1q Yes	s	

n who must complete this line, including covered relationships and transaction thresholds	(p)	Method of determining amount involved	
overed relationships	(c)	Amount involved	
this line, including co	(q)	Transaction	type (a-s)
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	(a)	Name of related organization	

 $oldsymbol{s}$ Other transfer of cash or property from related organization(s) . $oldsymbol{r}$ Other transfer of cash or property to related organization(s) .

2 If the answer to any of the above is ites, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tnis iine, inciuding cov	vered relationsnips	and transaction thresholds
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved
(1)AMERICAN CIVIL LIBERTIES UNION	type (a-s)	4,875,741	FTE BASED ALLOCATION METHODOLOGY
(2)AMERICAN CIVIL LIBERTIES UNION	0	3,676,349	REVENUE BASED ALLOCATION METHOD
(3)AMERICAN CIVIL LIBERTIES UNION	d	4,875,741	FTE BASED ALLOCATION METHODOLOGY
(4)AMERICAN CIVIL LIBERTIES UNION	ð	3,676,349	REVENUE BASED ALLOCATION METHOD
(5)AMERICAN CIVIL LIBERTIES UNION	В	325,000	ACTUAL

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			514)	Yes No			Yes	No		Yes No	
									Schod	Schodule D (Form 990) 2015	90) 2015

Schedule R (Form 990) 2015

Return Reference

Provide additional information for responses to questions on Schedule R (see instructions) Part VII Supplemental Information

Explanation